ARMY MEDICINE
One Team…One Purpose
Conserving the Fighting Strength Since 1775

MEPRS TRAINING SYMPOSIUM

Data Quality

Information Brief

Ms. Jennifer Gifford

27 October 2016

Informational

Purpose and Outline

Purpose: This informational briefing is to provide MEPRS Managers information on their Role in Data Quality.

Outline:

1. Mission
2. Data Quality Basics
3. FY16 Data Summary
4. MEPRS Data Quality Questions
5. Data Quality Tool Kit
6. Summary

Mission

- **PASBA Mission:**
  - Improve Army Medicine by providing Medical Coding and Auditing, Data Quality, Analytics, and Deployed Record Services.

- **Data Quality Mission:**
  - Ensure the highest quality of data is complete, accurate and timely to improve financial and clinical workload.

DQ Services

- **Data Quality Management Control Program (DQMCP)**
  - Complete, Accurate, and Timely Data
  - Defense Medical Information System Identifiers (DMIS ID): PASBA Data Quality manages the DMIS IDs for the Army. DMIS IDs are the standard for medical and military facility identification and cost/workload classification.

- **Deployed Medical Records**
  - Process Overseas Contingency Operations (OCO) inpatient medical records and loose outpatient documentation received from the deployed combat theater.

What is Data Quality?

- Quality of MHS data is critical to effectiveness of MHS-wide optimization programs, performance-based management, resource allocation, decision-making at all levels, and many other operations and management activities

- MTFs shall submit in compliance with DoD and MHS/DHA data collection and reporting requirements

- Provide internal structure to improve and better assure data accuracy, completeness, timeliness and to assure uniformity and standardization of information across the MHS

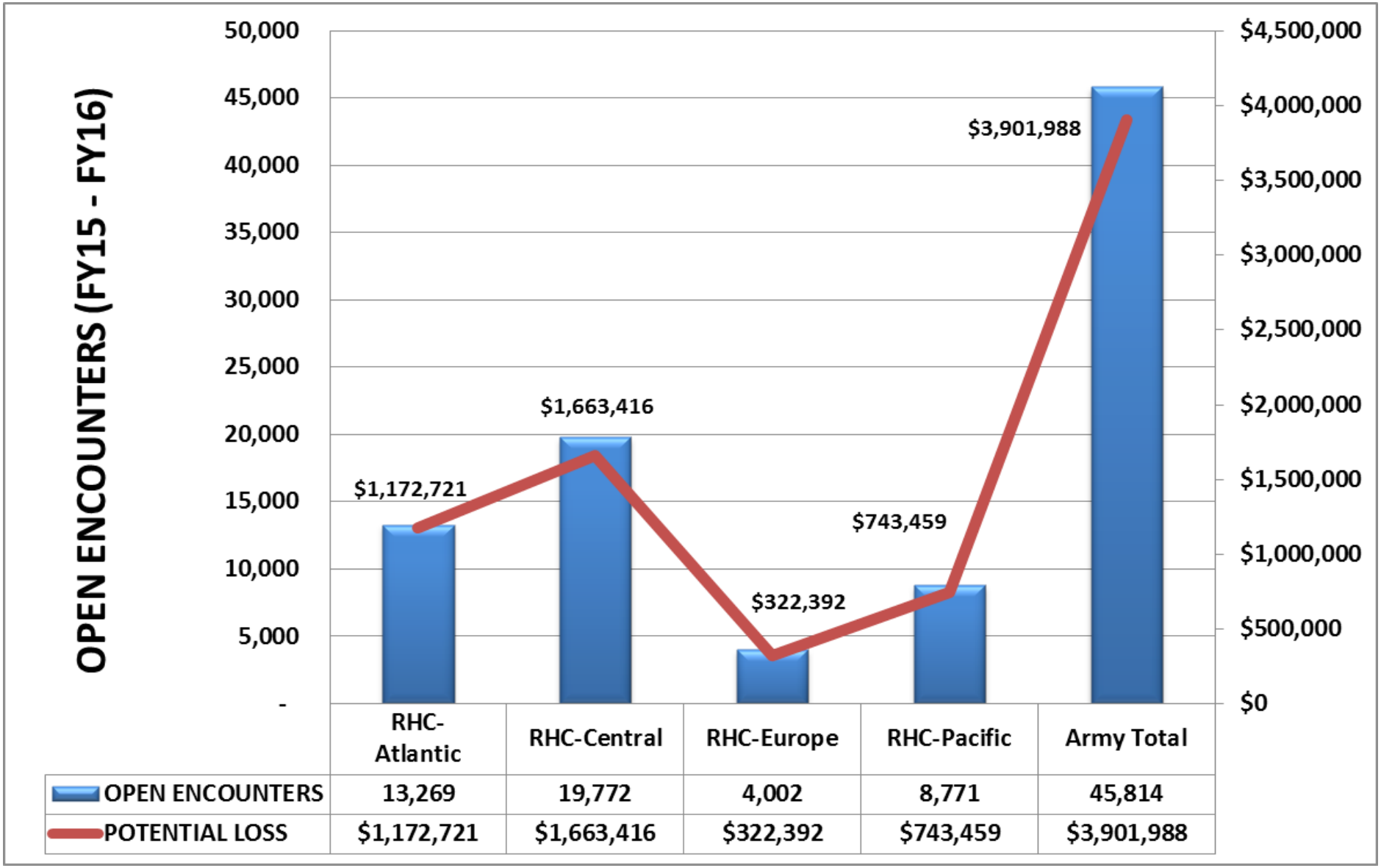
Why DQ is Important

- Enable Leadership to make informed decisions
- Patient Safety
- Prospective Payment System (PPS)
- Base Realignment And Closure (BRAC)
- Medicare Eligible Retiree Health Care Fund (MERHCF)
- MTF Performance/Business Plans
- Provider, Clinic and MTF Workload Productivity
- Reimbursements (Third Party Collections (TPC), Coast Guard, Medical Affirmative Claims (MAC), etc.)
- Monitor efficiency of the healthcare system
- Solid checks and balances
- Foundation measures

Key Terms

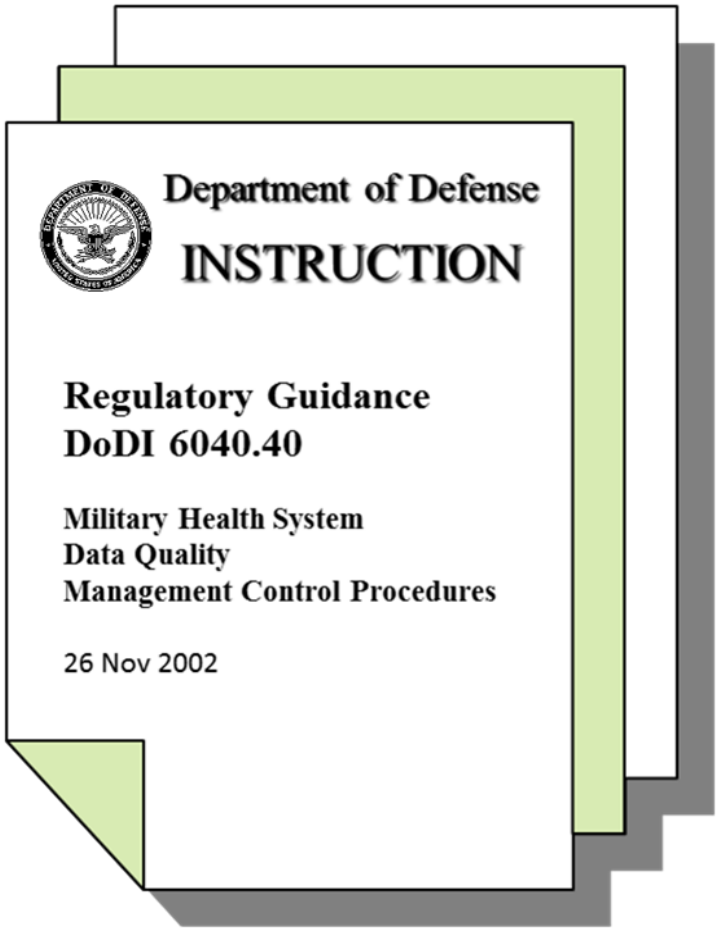
- Comprehensive Ambulatory Professional Encounter Record **(CAPER)** – Closed/Coded/Transmitted encounter complete in CHCS
- Daily Outpatient Workload Detailed Report **(DOWDR)** – Kept Appointment File (status of encounter, i.e., Kept, Walk-In, Sick Call, LWOBS, Cancel, Telcon, Occ-Svs).
- Open Encounter – For every DOWDR, there must be a CAPER
- Write-back – When record is complete and signed in AHLTA; however, the coding data did not transfer to CHCS
  - CHCS Write-back
  - AHLTA Write-back

Open Encounters



	RHC-Atlantic	RHC-Central	RHC-Europe	RHC-Pacific	Army Total
OPEN ENCOUNTERS	13,269	19,772	4,002	8,771	45,814
POTENTIAL LOSS	$1,172,721	$1,663,416	$322,392	$743,459	$3,901,988

DoDI 6040.40



Directed by Department of Defense Inspector General (DoD IG)

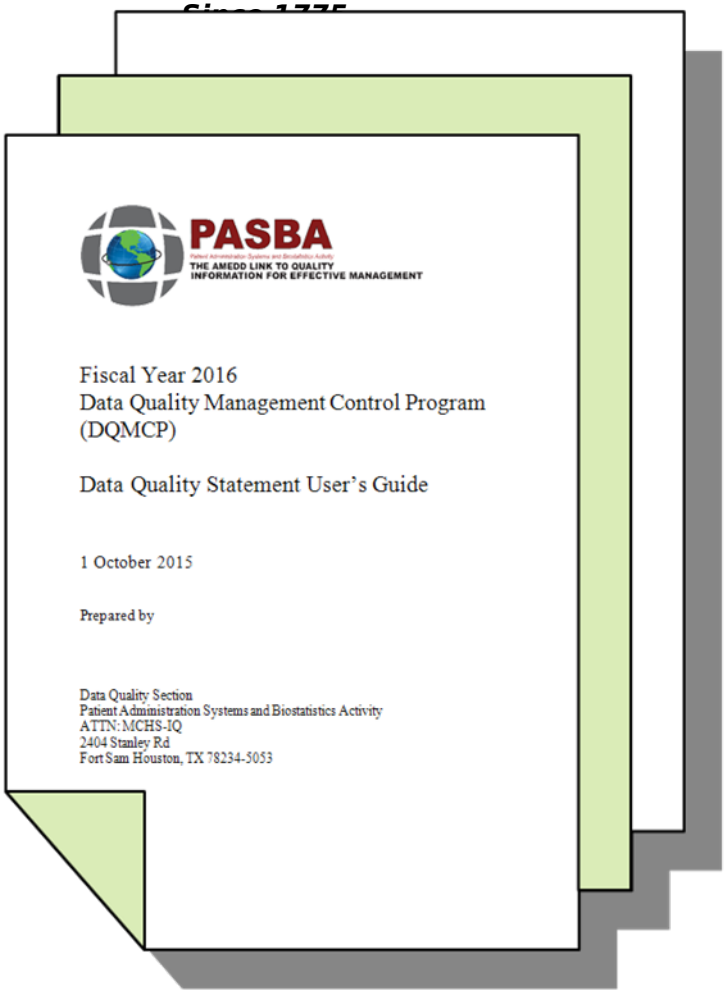
- DoDI 6040.40 of Nov 26, 2002
- 2 Enclosures (Annually Updated):
  - DQMC Review List
  - Commander's Data Quality Statement

Review List/Statement

- **DQMC Review List**
  - Internal tool (100+ item checklist) to assist in identifying & correcting financial & clinical workload data problems
  - All **variances** on the REVIEW LIST should be briefed with DQ Team and Executive Committee

- **Commander's Data Quality Statement**
  - Subset of DQ Review List (40+ questions)
  - Signed by the MTF Commander

User's Guide



- Contains DQMC Program information
- Provides assistance to prepare monthly DQ Commander's Statement:
  - Questions with explanations
  - Requirements
  - Army's compliance threshold
  - Formula / Formula note
  - Criteria
  - Background
  - Facts
  - Process
  - Recommendations
- Posted on PASBA website

Compliance Threshold

Red

- **<90%**
- If performance falls in **RED** then you must provide the following information on the DQ statement: **Problem Statement, Corrective Action and the Expected Compliance Date**

Amber

- **96-90%**
- If performance falls in **AMBER** then you must provide the following information on the DQ statement: **Problem Statement, Corrective Action and the Expected Compliance Date**

Green

- **97-100%**
- If performance is improved from the previous months report, **provide comments explaining what process or procedure was implemented resulting in the improvement.**

Comments

- Be clear and concise!
- Don’t use “I” or personal name. DO use “Position”, i.e. DQ Manager, Chief of PAD, etc.
- Don’t restate the question or threshold.
- Check spelling.
- **MTF comments are part of the submitted reports to the Defense Health Agency (DHA) and are visible to the TriService.**
- Comments are required when metrics are <u>noncompliant</u> and for any <u>improvements</u> to green.
  - Each commented question require the following fields to be completed:
    - Problem Statement (900)
    - Corrective Action (900)
    - Expected Compliance (mm/dd/yyyy)
    - Trouble ticket (100)
    - Summary (110)

FY16 Data Summary

Question #	Question Description
1a	End of Day
4a	EAS Transmitted (45 days)
9b	MEPRS Dispo/SIDR D&E Dispo
9c	MEPRS/Kept (count only)
9d	**Rounds Coded**

DHA Summary									
Reporting Month		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Data Month		Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
ARMY	Question									
Financial Reconciliation	Q3a	56%	63%	72%	84%	84%	94%	97%	100%	97%
MEWACS Reviewed	Q3b	59%	69%	81%	84%	91%	94%	97%	100%	100%
Timecard Submitted	Q3c	95%	98%	99%	100%	99%	100%	100%	99%	100%
Timecard Approved	Q3d	94%	97%	99%	99%	100%	100%	100%	99%	99%
EAS Transmitted (45 days)	Q4a	31%	63%	69%	81%	88%	91%	97%	94%	100%
MEPRS Dispo/SIDR D&E Dispo	Q9b	70%	100%	100%	100%	100%	100%	100%	100%	99%
MEPRS/Kept (count only)	Q9c	83%	100%	100%	100%	99%	100%	100%	100%	100%
Rounds Coded	Q9d	78%	79%	80%	84%	87%	87%	88%	83%	80%

DQ Assurance Team

- Question A.3: "The DQ Assurance Team or other designated structure met during the month to complete the DQ Management Control Review List. *Recommend attaching meeting minutes

- **DoDI 6040.40 Recommended Team Composition:**
  - DQ Manager
  - Directors of Clinical Activities
  - MEPRS/EAS Coordinator
  - Budget/Accounting
  - Medical CIO
  - Health Information Manager
  - CHCS Administrator
  - Group Practice Managers

- **Additional Team Members to Consider:**
  - Uniform Business Office (UBO)
  - DMHRSi Manager
  - Coder/Coding Auditor/Quality Assurance
  - Resource Management
  - Patient Safety/Risk Manager
  - Clinical System's Trainer (AHLTA, CHCS, Essentris)

Executive Committee

- Question A.4: The DQ Manager briefed last month's Data Quality Management Control Review List, and Financial and Workload Data Reconciliation and Validation results to the MTF Executi

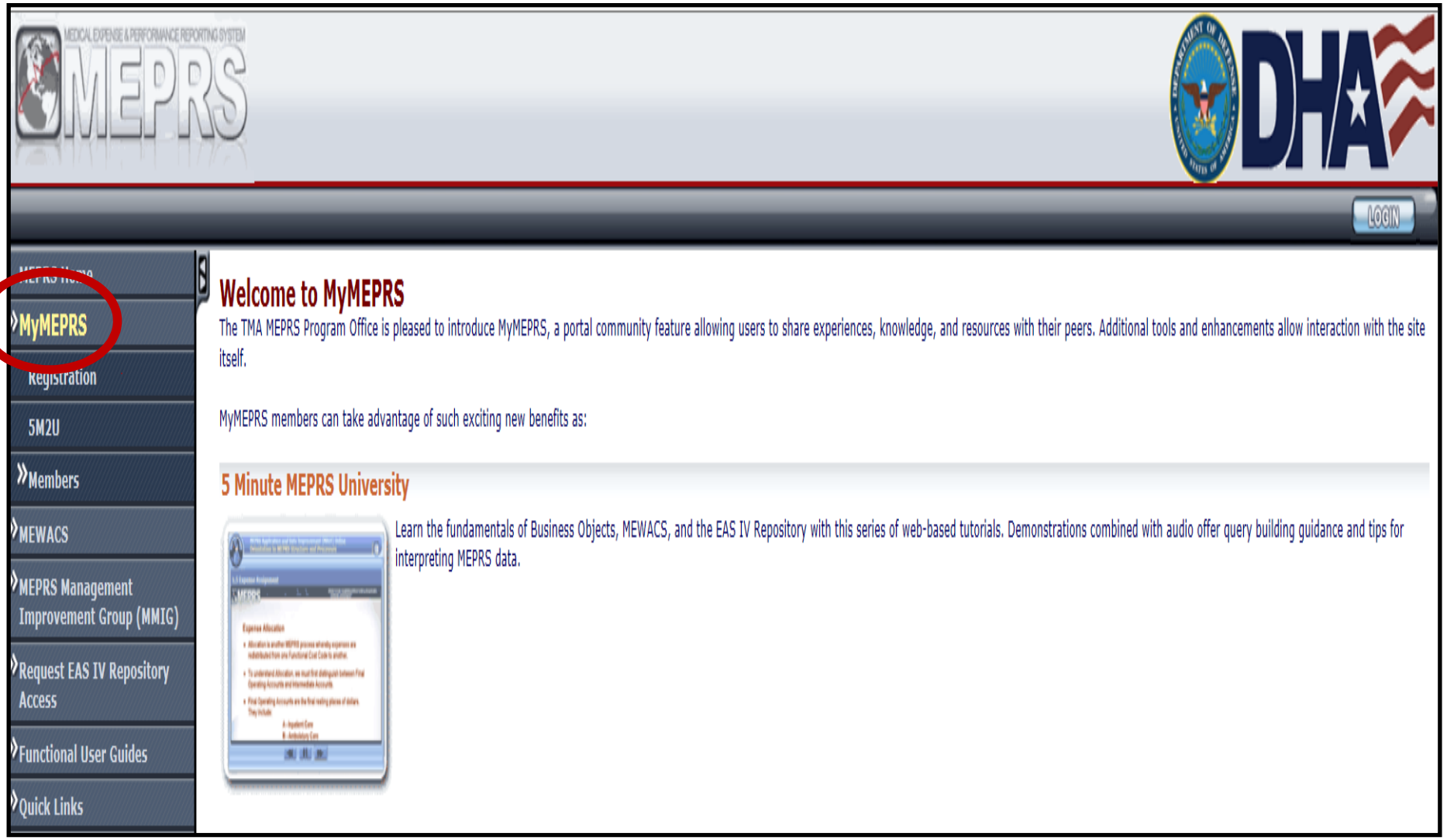
Training

- Question A.7.c: Have the members of the DQ Assurance Team been trained in their area of responsibility?
- Note: A.7.c is to be used locally to ensure that team members have training in their functions and responsibilities. (For example, Medical Expense and Performance Reporting System (MEPRS) : 5 Minute MEPRS University (5M2U))
- Answered qu

- **Recommend using this question to highlight training needs to your MTFs leadership**

Training

https://www.meprs.info


MEPRS
DHA
LOGIN
MyMEPRS
Registration
5M2U
Members
MEWACS
MEPRS Management Improvement Group (MMIG)
Request EAS IV Repository Access
Functional User Guides
Quick Links
Welcome to MyMEPRS
The TMA MEPRS Program Office is pleased to introduce MyMEPRS, a portal community feature allowing users to share experiences, knowledge, and resources with their peers. Additional tools and enhancements allow interaction with the site itself.
MyMEPRS members can take advantage of such exciting new benefits as:
5 Minute MEPRS University
Learn the fundamentals of Business Objects, MEWACS, and the EAS IV Repository with this series of web-based tutorials. Demonstrations combined with audio offer query building guidance and tips for interpreting MEPRS data.

Negative Findings

- Question A.8: Was there evidence in meeting minutes or other sources of corrective plans, of appropriate resourcing and actions to follow-up on the previous month's negative findings?

End of Day (EOD)

- **Question B.4.a (DQ Statement question 1a): In the reporting month (include only B*** and FBN* accounts): a) What percentage of appointments were closed in meeting your "End of Day" processing requirements, "Every appointment – Every day?"**

$$\frac{\text{Number of closed CHCS appointments}}{\text{Total CHCS appointments for the month}}$$

End of Day (EOD)

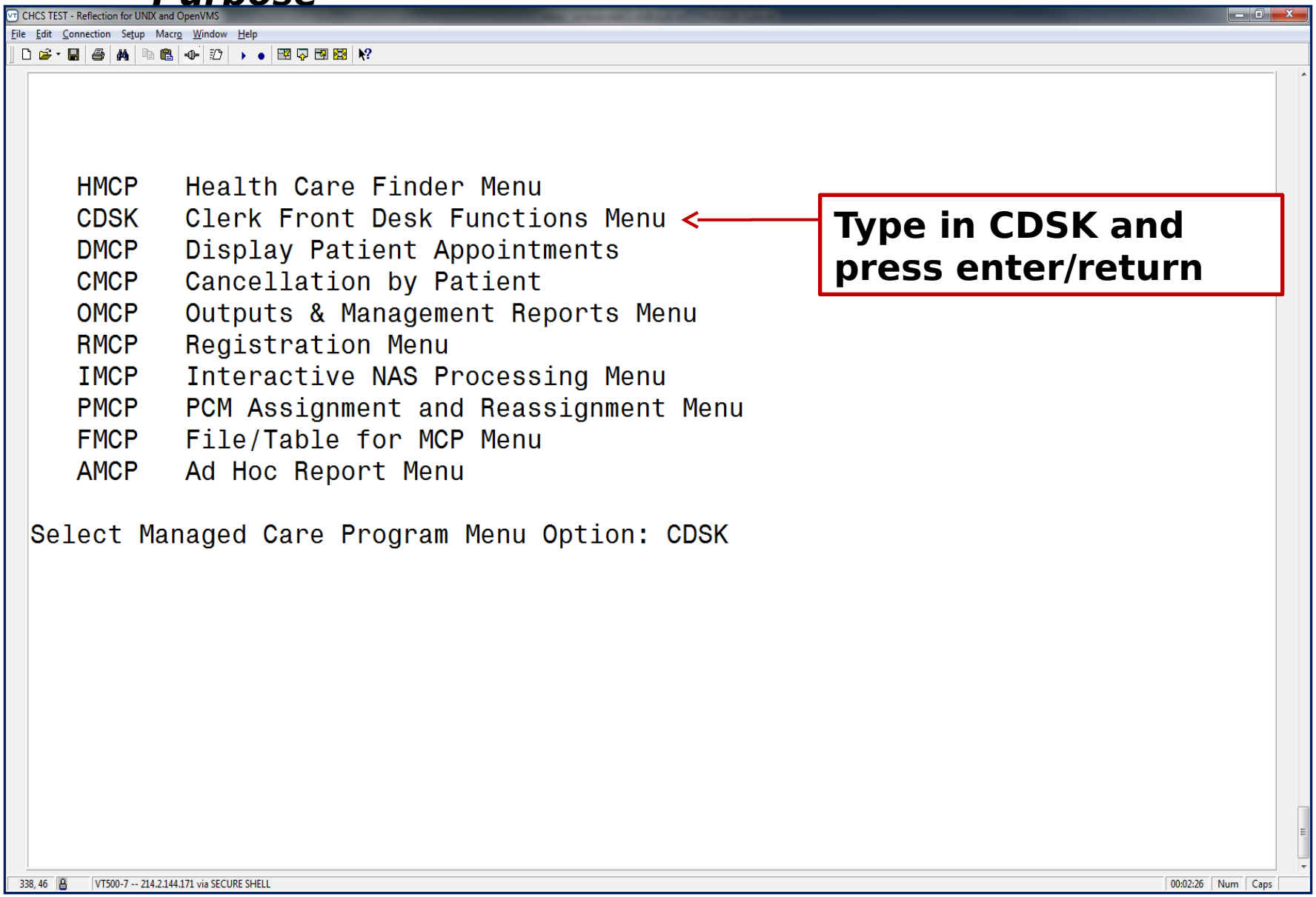
- Recommend every clinic appoint an EOD Monitor
- Every clinic must ensure every appointment status is entered into CHCS and closed out by midnight, the day of the appointment
- All appointments with a status of pending in CHCS must be closed out as soon as possible to facilitate the correct workload capture

- Impact of EOD Processing
  - Patient Safety
  - Revenue
  - Workload
  - Data Integrity

End of Day (EOD)

- Data used in this presentation was taken from CHCS training site. CHCS Training Software has been designed to be used with CHCS Instructor and Student Training Materials. Names, places, and incidents in the Training Database are used fictitiously. Any resemblance to actual events, locales or persons, living or dead, is entirely coincidental.

End of Day (EOD)


CHCS TEST - Reflection for UNIX and OpenVMS
File Edit Connection Setup Macro Window Help
HMCP Health Care Finder Menu
CDSK Clerk Front Desk Functions Menu
DMCP Display Patient Appointments
CMCP Cancellation by Patient
OMCP Outputs & Management Reports Menu
RMCP Registration Menu
IMCP Interactive NAS Processing Menu
PMCP PCM Assignment and Reassignment Menu
FMCP File/Table for MCP Menu
AMCP Ad Hoc Report Menu
Select Managed Care Program Menu Option: CDSK
338, 46
VT500-7 -- 214.2.144.171 via SECURE SHELL
00:02:26
Num
Caps

Type in CDSK and press enter/return

End of Day (EOD)

CHCS TEST - Reflection for UNIX and OpenVMS

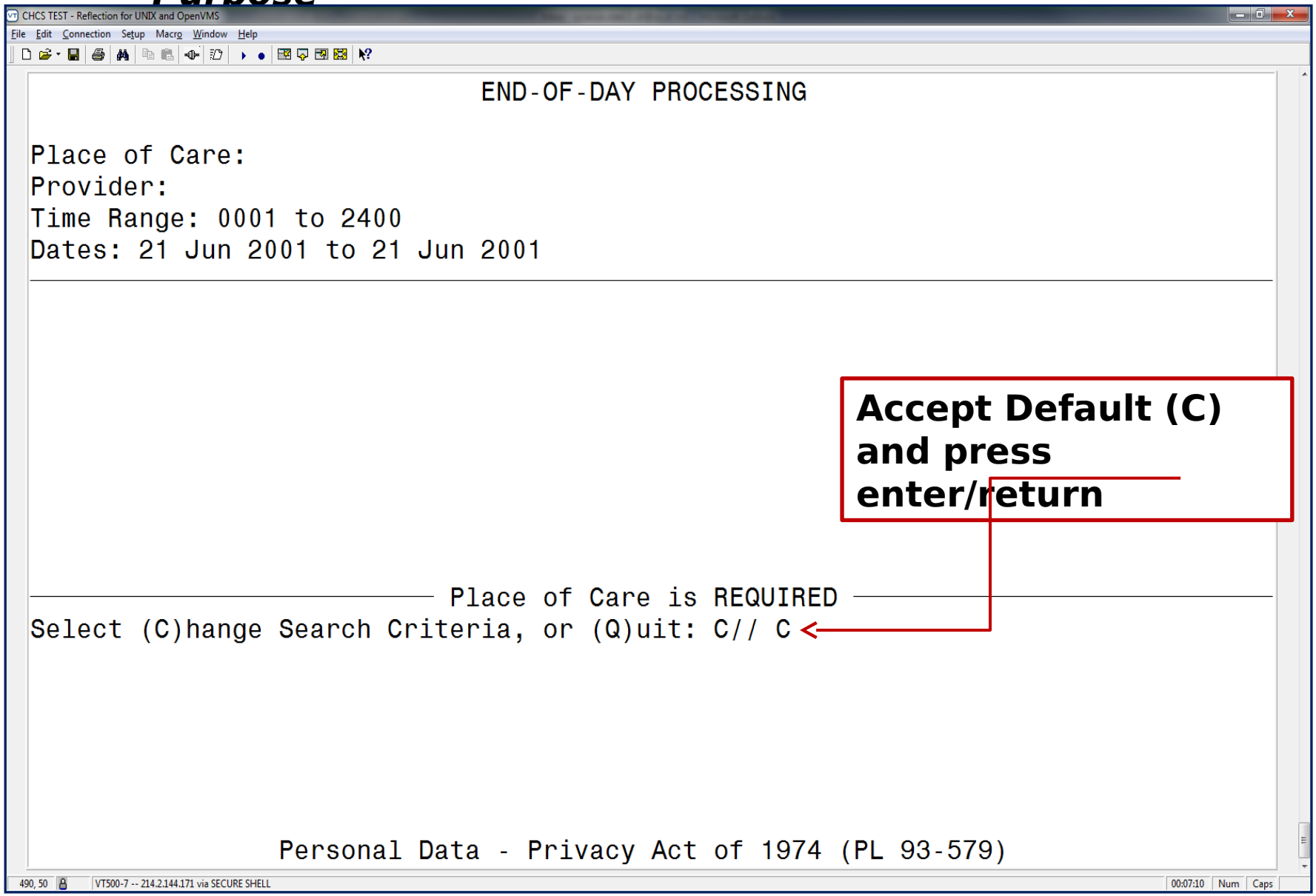
File Edit Connection Setup Macro Window Help

```
   USV    Unscheduled Visit (Walk-In, Tel-Con, S-Call)
   CBP    Cancellation by Patient
   DPA    Display Patient Appointments
   IPC    Individual Patient Check-In
   MCD    Multiple Check-In by Default
   EOD    End-of-Day Processing/Editing
   VAP    Ambulatory Procedure Visits Menu
   SDP    Single Patient Diagnoses/Procedures Enter/Edit
   NOT    Notify Patients Menu (Cancel, No-Show, Wait List)
   WLR    Wait List Requests
   RDM    Registration & DEERS Menu
   ORM    Operational Reports Menu
   TRM    Track & Request Medical Records Menu

Select Clerk Front Desk Functions Menu Option: EOD



                Personal Data - Privacy Act of 1974 (PL 93-579)
```

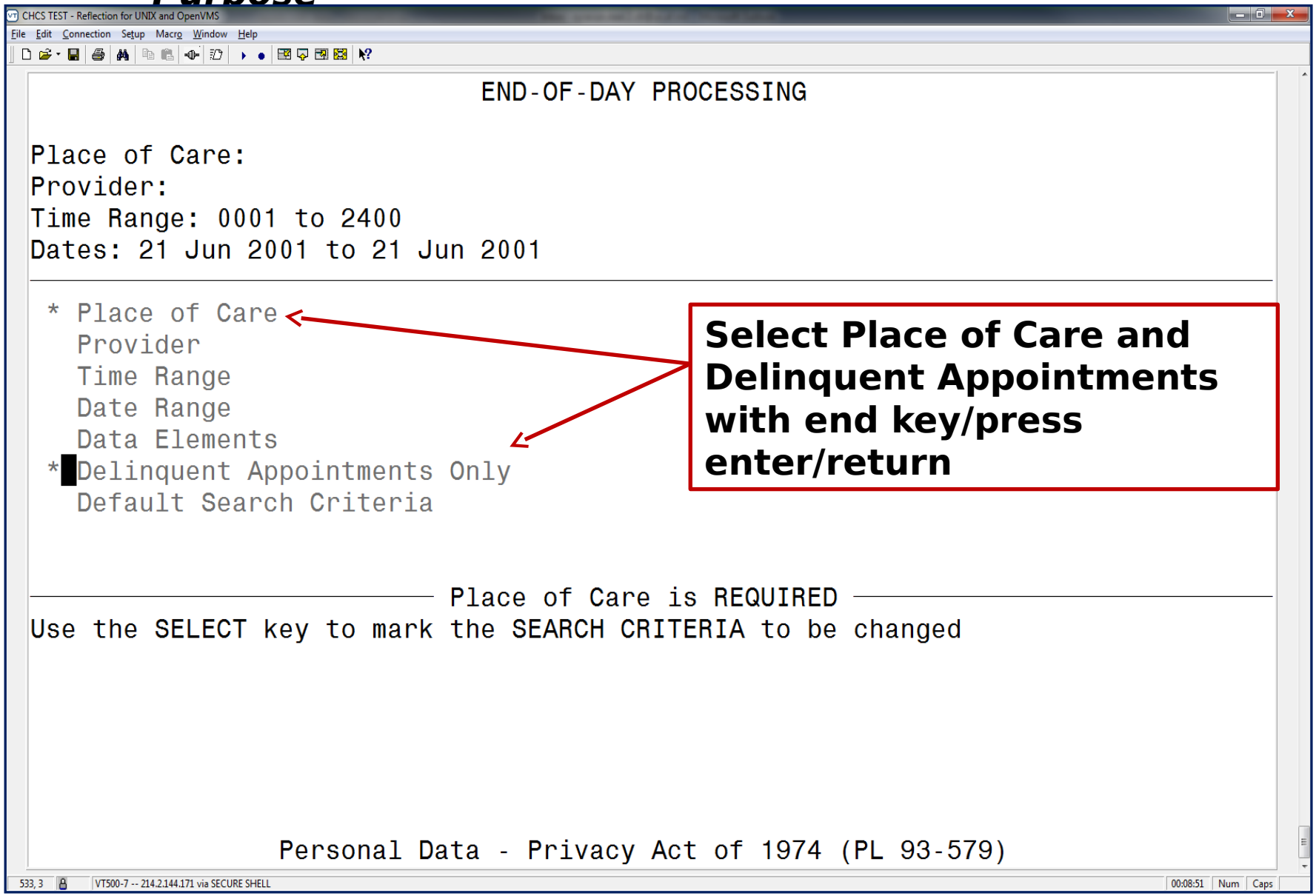
413, 51 VT500-7 -- 214.2.144.171 via SECURE SHELL 00:04:02 Num Caps

Type in EOD and press enter/return

End of Day (EOD)

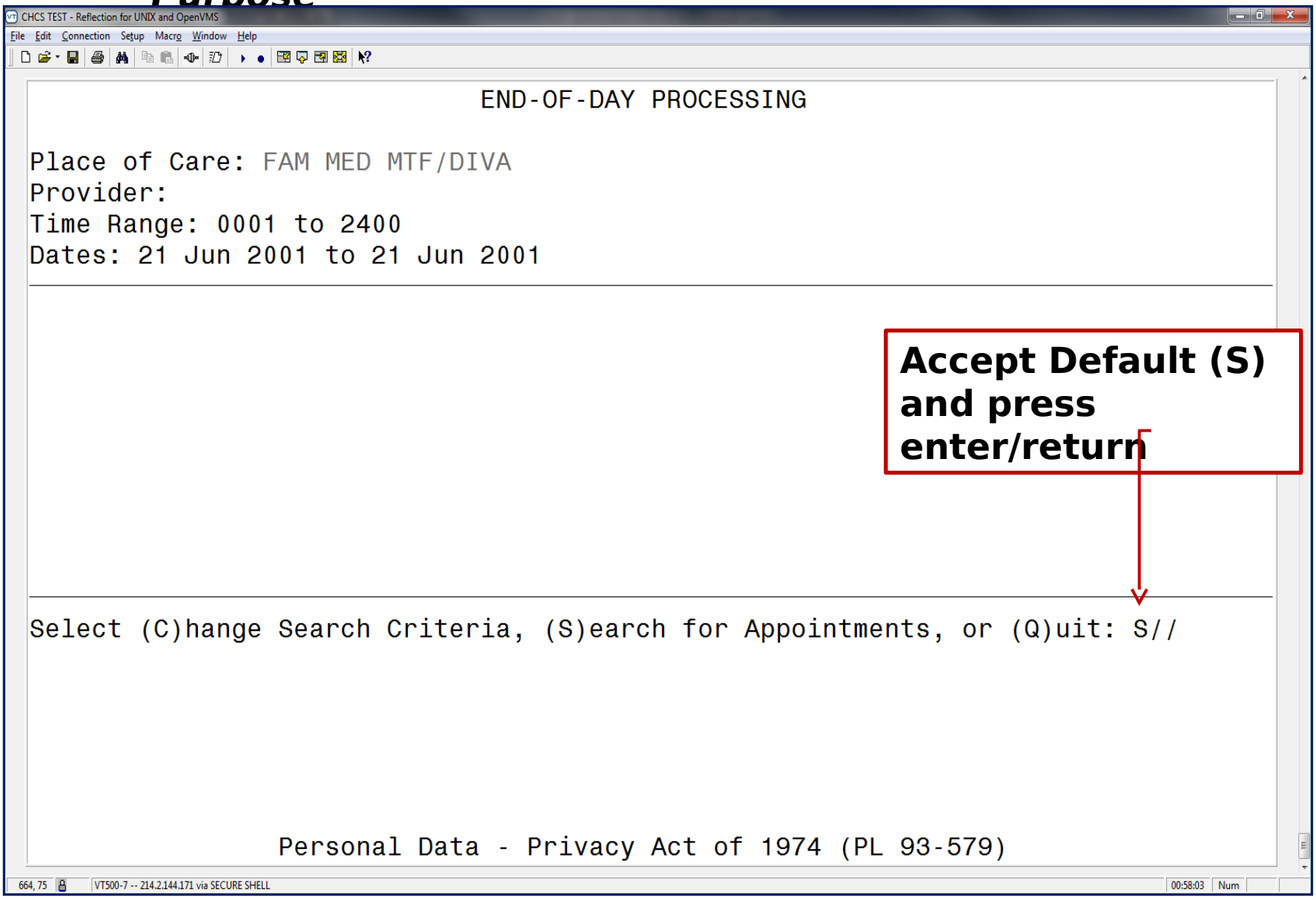

CHCS TEST - Reflection for UNIX and OpenVMS
File Edit Connection Setup Macro Window Help
END-OF-DAY PROCESSING
Place of Care:
Provider:
Time Range: 0001 to 2400
Dates: 21 Jun 2001 to 21 Jun 2001
Accept Default (C) and press enter/return
Place of Care is REQUIRED
Select (C)hange Search Criteria, or (Q)uit: C// C
Personal Data - Privacy Act of 1974 (PL 93-579)
490, 50
VT500-7 -- 214.2.144.171 via SECURE SHELL
00:07:10
Num
Caps

End of Day (EOD)

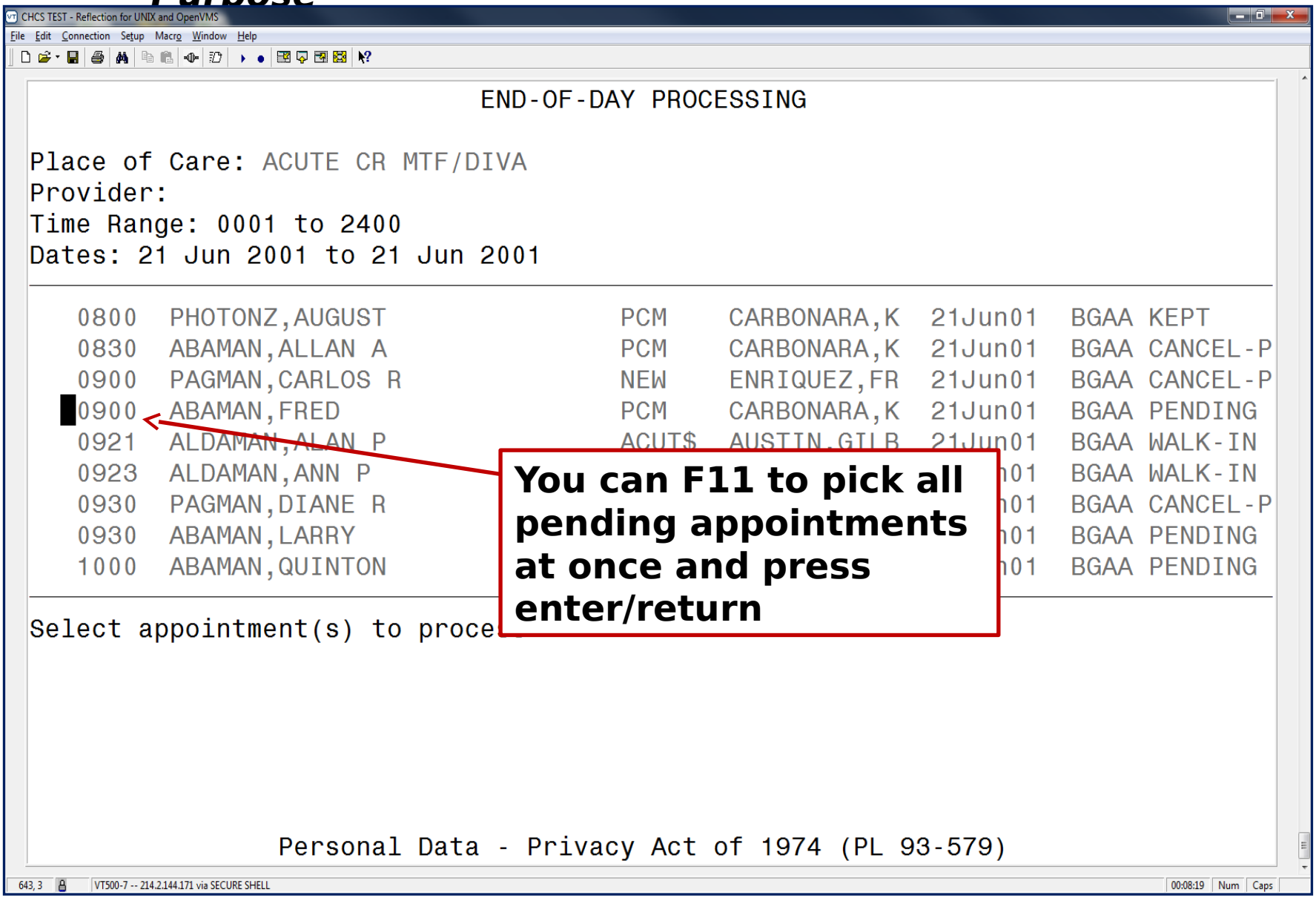

CHCS TEST - Reflection for UNIX and OpenVMS
File Edit Connection Setup Macro Window Help
END-OF-DAY PROCESSING
Place of Care:
Provider:
Time Range: 0001 to 2400
Dates: 21 Jun 2001 to 21 Jun 2001
* Place of Care
Provider
Time Range
Date Range
Data Elements
*Delinquent Appointments Only
Default Search Criteria
Place of Care is REQUIRED
Use the SELECT key to mark the SEARCH CRITERIA to be changed
Personal Data - Privacy Act of 1974 (PL 93-579)
533, 3
VT500-7 -- 214.2.144.171 via SECURE SHELL
00:08:51
Num
Caps

Select Place of Care and Delinquent Appointments with end key/press enter/return

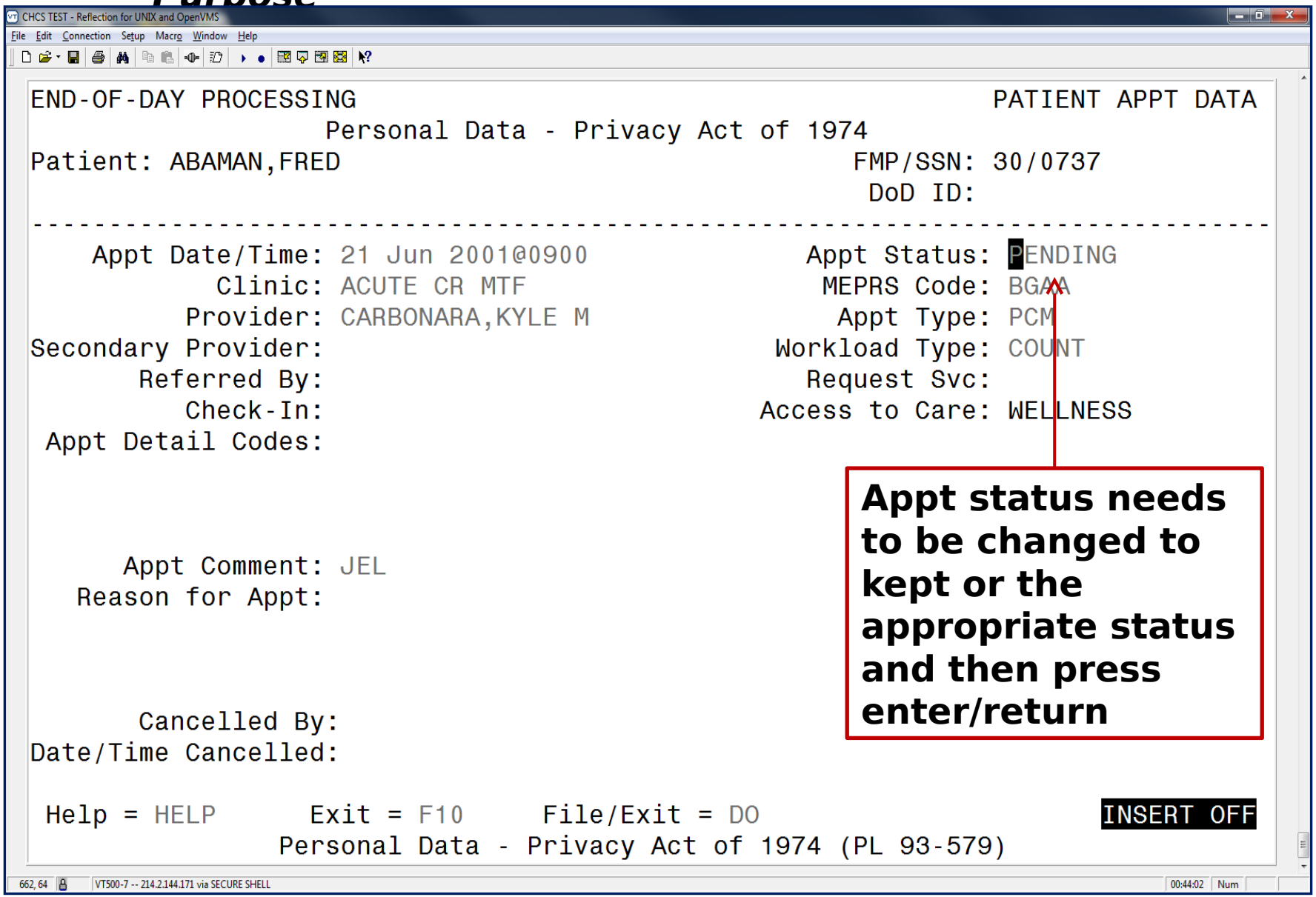
End of Day (EOD)


CHCS TEST - Reflection for UNIX and OpenVMS
File Edit Connection Setup Macro Window Help
END-OF-DAY PROCESSING
Place of Care: FAM MED MTF/DIVA
Provider:
Time Range: 0001 to 2400
Dates: 21 Jun 2001 to 21 Jun 2001
Accept Default (S) and press enter/return
Select (C)hange Search Criteria, (S)earch for Appointments, or (Q)uit: S//
Personal Data - Privacy Act of 1974 (PL 93-579)
664, 75
VT500-7 -- 214.2.144.171 via SECURE SHELL
00:58:03
Num

End of Day (EOD)

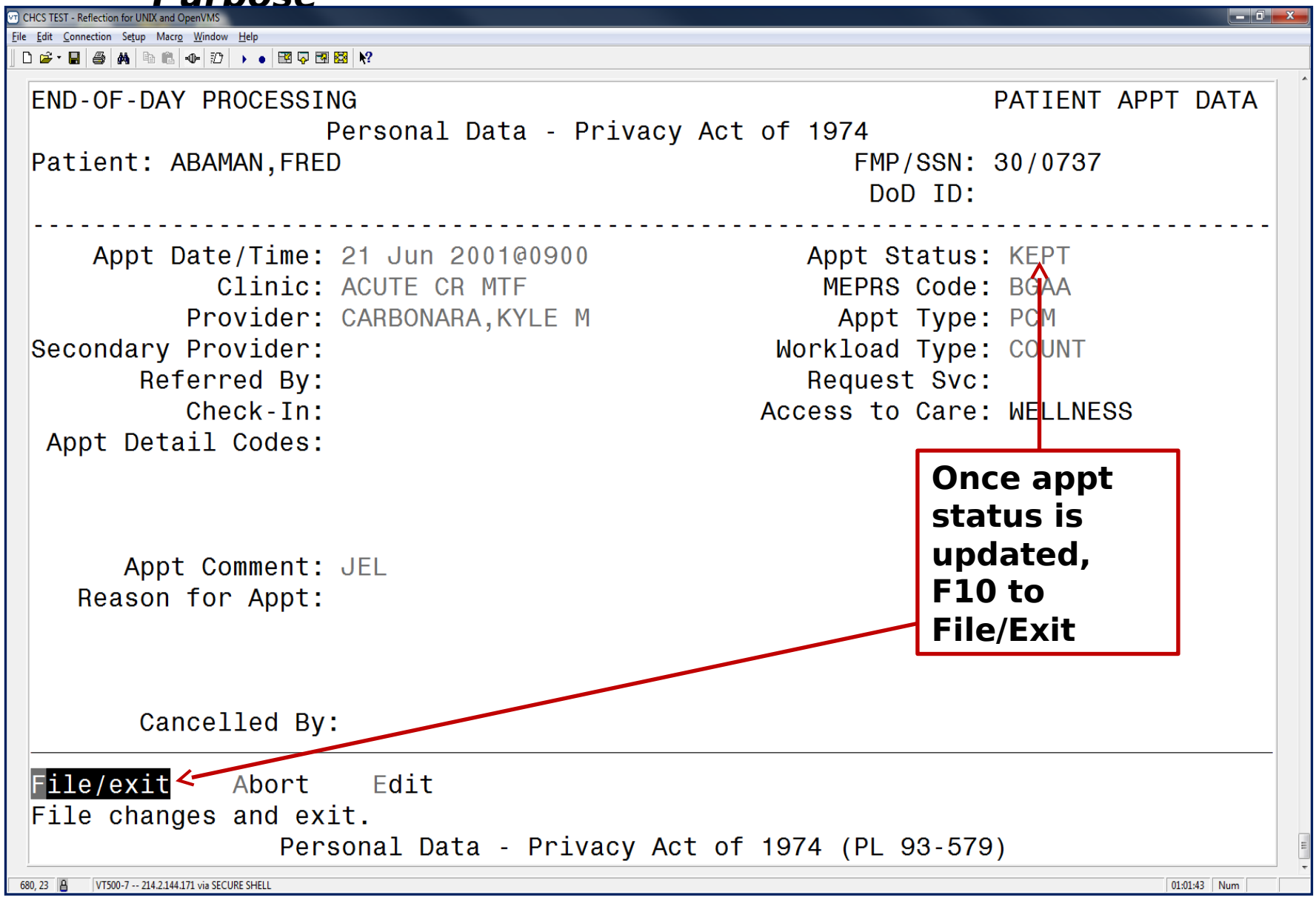

CHCS TEST - Reflection for UNIX and OpenVMS
File Edit Connection Setup Macro Window Help
END-OF-DAY PROCESSING
Place of Care: ACUTE CR MTF/DIVA
Provider:
Time Range: 0001 to 2400
Dates: 21 Jun 2001 to 21 Jun 2001
0800 PHOTONZ,AUGUST PCM CARBONARA,K 21Jun01 BGAA KEPT
0830 ABAMAN,ALLAN A PCM CARBONARA,K 21Jun01 BGAA CANCEL-P
0900 PAGMAN,CARLOS R NEW ENRIQUEZ,FR 21Jun01 BGAA CANCEL-P
0900 ABAMAN,FRED PCM CARBONARA,K 21Jun01 BGAA PENDING
0921 ALDAMAN,ALAN P ACUT$ AUSTIN,GILB 21Jun01 BGAA WALK-IN
0923 ALDAMAN,ANN P 01 BGAA WALK-IN
0930 PAGMAN,DIANE R 01 BGAA CANCEL-P
0930 ABAMAN,LARRY 01 BGAA PENDING
1000 ABAMAN,QUINTON 01 BGAA PENDING
Select appointment(s) to proce
You can F11 to pick all pending appointments at once and press enter/return
Personal Data - Privacy Act of 1974 (PL 93-579)
643, 3
VT500-7 -- 214.2.144.171 via SECURE SHELL
00:08:19 Num Caps

End of Day (EOD)


CHCS TEST - Reflection for UNIX and OpenVMS
File Edit Connection Setup Macro Window Help
END-OF-DAY PROCESSING PATIENT APPT DATA
Personal Data - Privacy Act of 1974
Patient: ABAMAN,FRED FMP/SSN: 30/0737
DoD ID:
Appt Date/Time: 21 Jun 2001@0900 Appt Status: PENDING
Clinic: ACUTE CR MTF MEPRS Code: BGAA
Provider: CARBONARA,KYLE M Appt Type: PCM
Secondary Provider: Workload Type: COUNT
Referred By: Request Svc:
Check-In: Access to Care: WELLNESS
Appt Detail Codes:
Appt Comment: JEL
Reason for Appt:
Cancelled By:
Date/Time Cancelled:
Help = HELP Exit = F10 File/Exit = DO INSERT OFF
Personal Data - Privacy Act of 1974 (PL 93-579)
662, 64
VT500-7 -- 214.2.144.171 via SECURE SHELL
00:44:02
Num

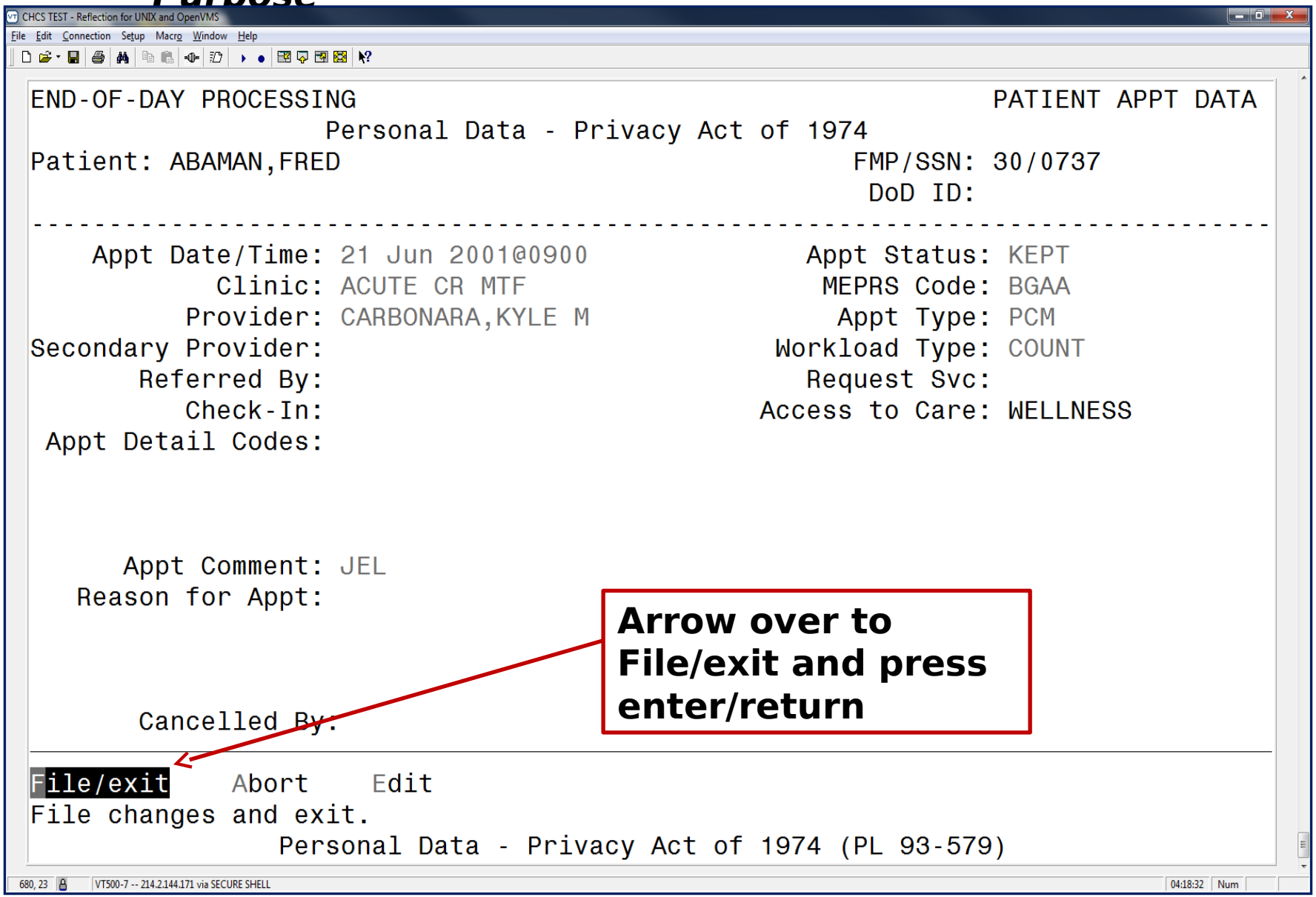
Appt status needs to be changed to kept or the appropriate status and then press enter/return

End of Day (EOD)



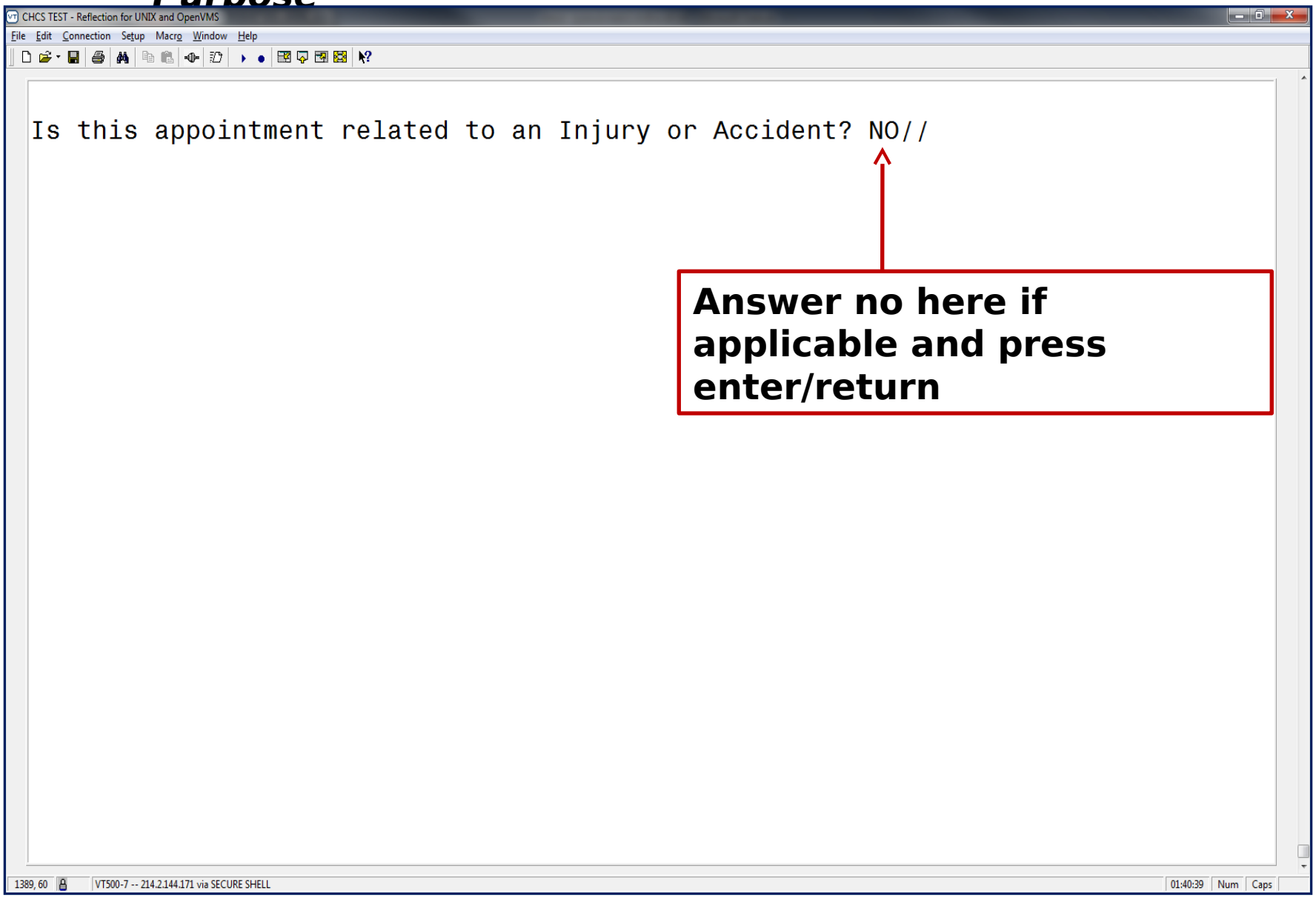
Once appt status is updated, F10 to File/Exit

End of Day (EOD)

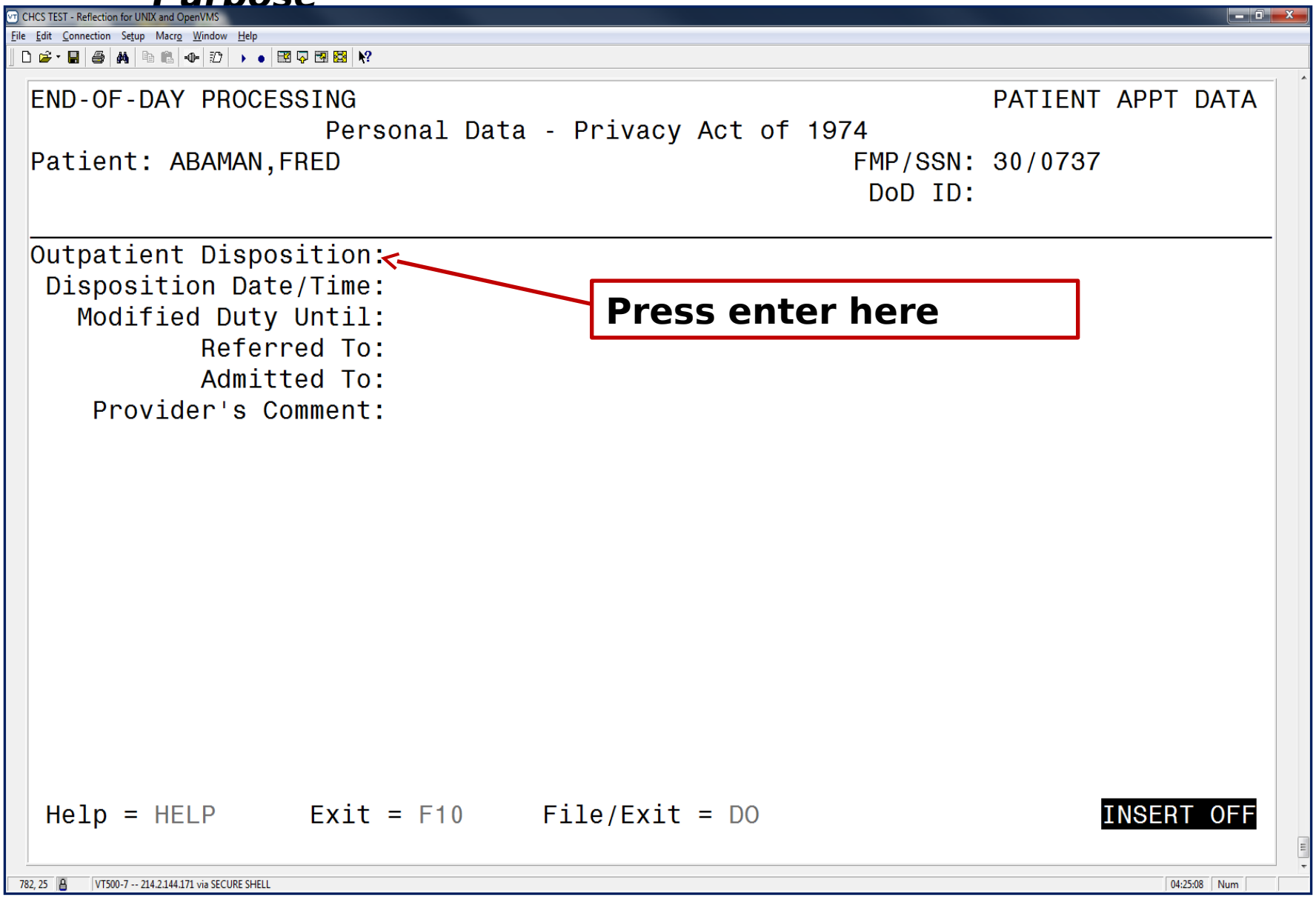


Arrow over to File/exit and press enter/return

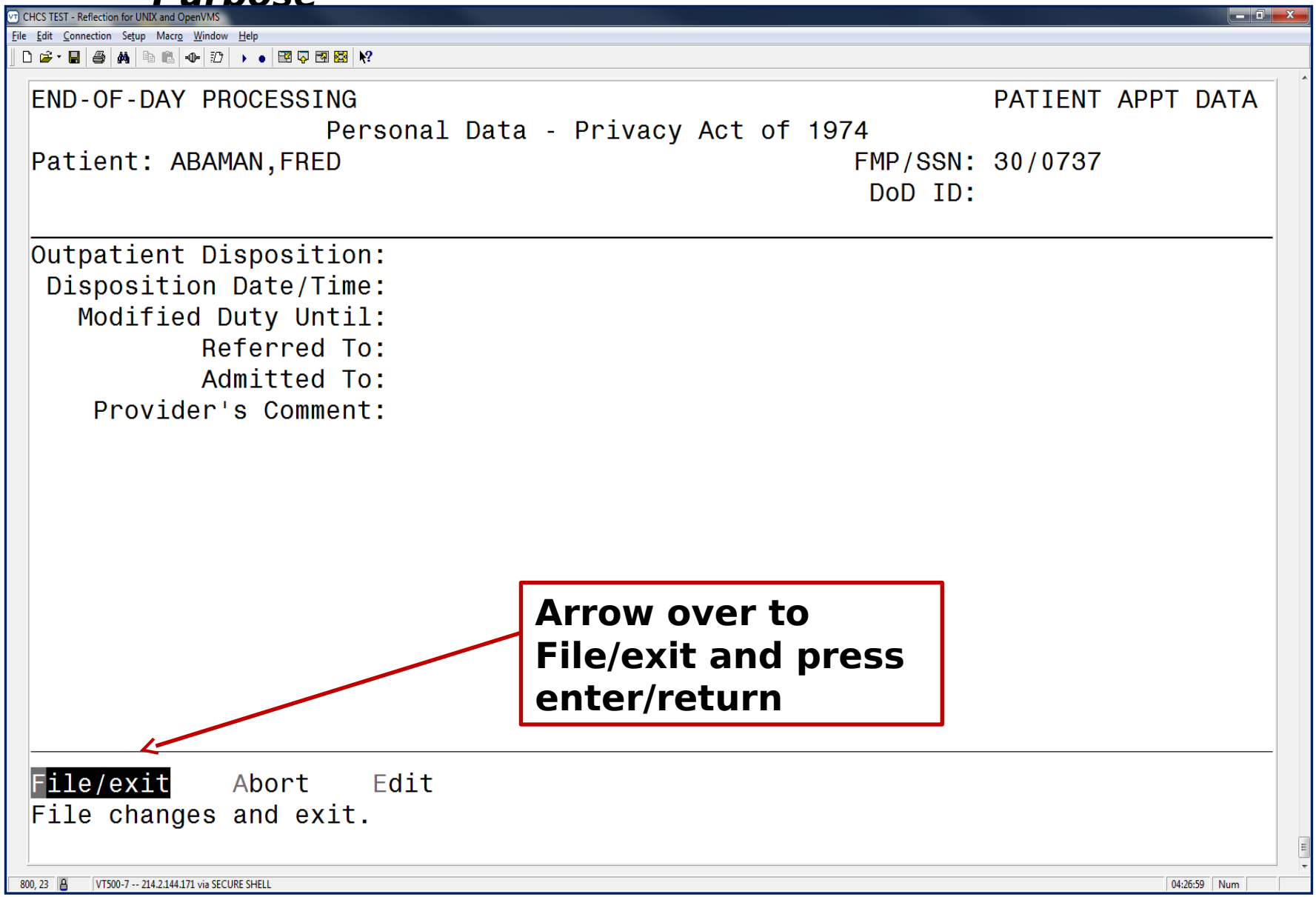
End of Day (EOD)


CHCS TEST - Reflection for UNIX and OpenVMS
File Edit Connection Setup Macro Window Help
Is this appointment related to an Injury or Accident? NO//
Answer no here if applicable and press enter/return
1389, 60
VT500-7 -- 214.2.144.171 via SECURE SHELL
01:40:39
Num
Caps

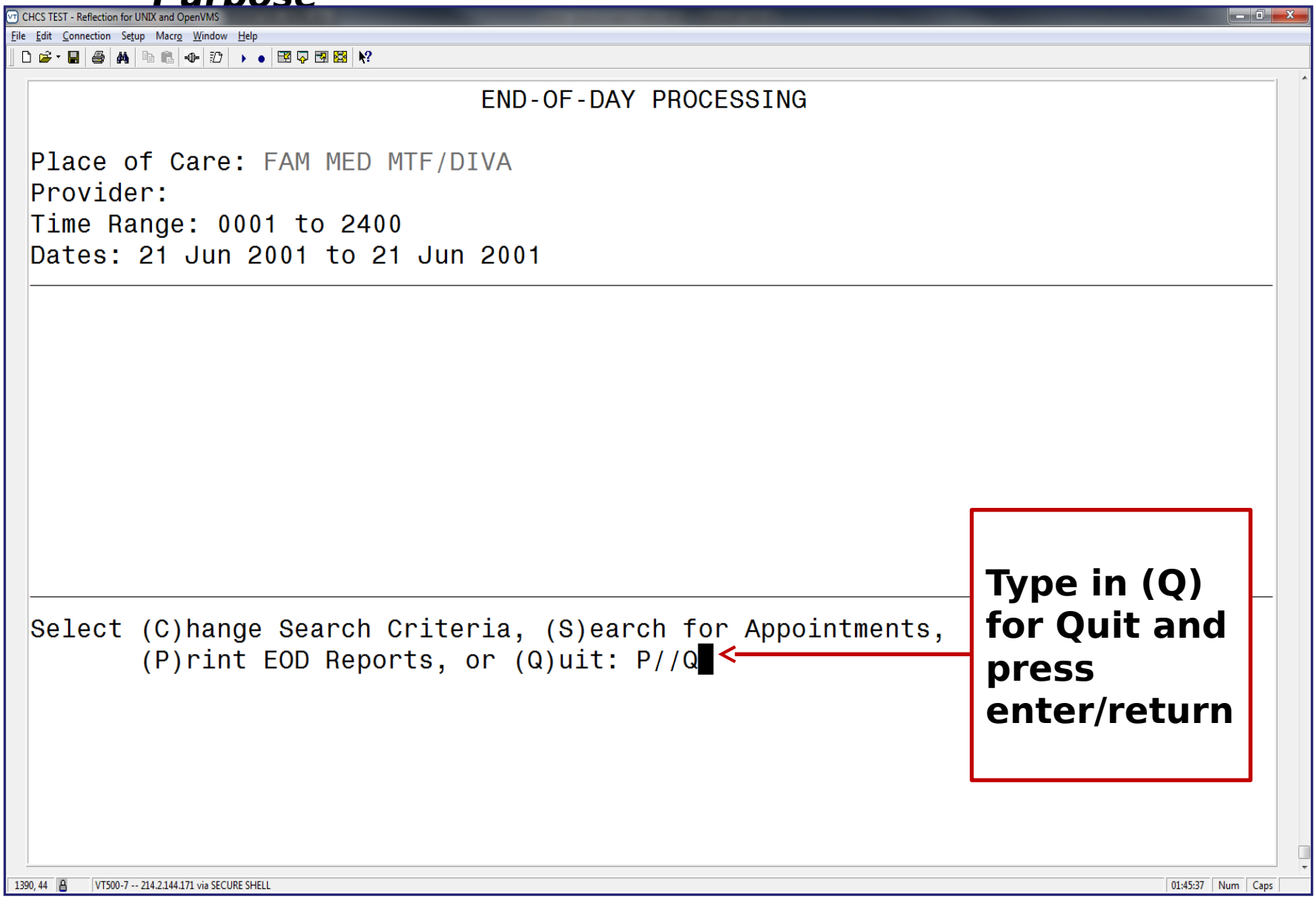
End of Day (EOD)



End of Day (EOD)



End of Day (EOD)


CHCS TEST - Reflection for UNIX and OpenVMS
File Edit Connection Setup Macro Window Help
END-OF-DAY PROCESSING
Place of Care: FAM MED MTF/DIVA
Provider:
Time Range: 0001 to 2400
Dates: 21 Jun 2001 to 21 Jun 2001
Select (C)hange Search Criteria, (S)earch for Appointments,
(P)rint EOD Reports, or (Q)uit: P//Q
Type in (Q) for Quit and press enter/return
1390, 44
VT500-7 -- 214.2.144.171 via SECURE SHELL
01:45:37
Num
Caps

Monthly Statistical Report (MSR)

- Question B.4.c: "Were all workload discrepancies on the CHCS MSR corrected prior to processing the WAM files?
- If the MSR is run, but all End of Day (EOD) processing is NOT complete, it will provide the EOD report instead
- The MSR can be run from the Patient Appointment Scheduling (PAS) menu, but it is also part of the WAM Non-Ancillary Report Menu

Number of closed CHCS appointments

Total CHCS appointments for the month

Monthly Statistical Report (MSR)

- If the MSR is run, but all End of Day (EOD) processing is NOT complete, it will provide the EOD report instead
- The MSR can be run from the Patient Appointment Scheduling (PAS) menu, but it is also part of the WAM Non-Ancillary Report Menu
- The MSR report shows COUNT and NONCOUT visits by department/service/MEPRS/ location
- It calculates workload based on clinic visit and MEPRS code
- Only the location should

MONTHLY STATISTICAL REPORT by GROUP
From: 01 May 2012 To: 31 May 2012

MEPRS/DMIS Code	Description	COUNT WORKLOAD # In	# Out	Total	NON-COUNT WORKLOAD # In	# Out	Total
DIVISION SUMMARY							
Division:							
BALA/	OUTPATIENT NUTRITION C	0	9	9	0	0	0
BCBA/	WOMENS HEALT	0	189	189	0	113	113
BDAA/	PED_TEAM YOS	0	507	507	0	938	938
BFDA/	MENTAL HEALTH CLINIC	0	300	300	0	169	169
BFFA/	SUBSTANCE ABUSE REHABI	0	59	59	0	13	13
BGA1/	FAMILY MEDICINE CLINIC	0	162	162	0	0	0
BGAA/	_FHC_EAGLE TE	0	661	661	0	1107	1107
BGAB/	_FHC_FALCON T	0	453	453	0	693	693
BGAC/	_FHC_OSPREY T	0	507	507	0	1069	1069
BGAZ/	FAMILY MEDICINE CLINIC	0	30	30	0	180	180
BHCA/	OPTOMETRY CLINIC	0	199	199	0	10	10
BJAA/	FLIGHT MEDICINE CLINIC	0	149	149	0	193	193
BLAA/	PHYSICAL THERAPY	0	552	552	0	4	4
ELAN/	MANAGED CARE ADMINISTR	0	0	0	1	13	14
FAZF/	SPC HLTH PGMS NOT ELSE	0	0	0	0	110	110
FBEA/	ENVIRONMENTAL HEALTH P	0	0	0	0	196	196
FBEB/	PHA CELL	0	0	0	0	126	126
FCDB/	SUPPORT TO OTHER MILIT	0	0	0	0	79	79
YYYY/	ABSENT SICK	1	0	1	12	0	12
Division Total:		1	3777	3778	13	5013	5026
Division:							
MEDICINE DEPARTMENT		1	3768	3769	13	4569	4582
SUPPORT DEPARTMENT		0	9	9	0	275	275
SURGERY DEPARTMENT		0	0	0	0	169	169
Division Total:		1	3777	3778	13	5013	5026
Group Total:		1	3777	3778	13	5013	5026

Monthly Statistical Report (MSR)

- Reconcile the WAM and MSR, i.e., the workload numbers you find on the WAM must match those you find on the MSR
- If everything is correct, but the numbers do not match, locate appointments with OCC-SVC status
- These appointments will primarily be TCons and will correct to a TELCON status as soon as they are signed by the referenced provider
- If a non-TCon has an OCC-SVC status, these should be evaluated by the End of Day or Clinic Manager

Incorrect Workload

- Definition: Incorrect workload occurs when count workload is incorrectly attributed to non-privileged providers, nurses and technicians with the exception of Physical Therapy, Occupational Therapy, and Hearing Conservation Encounters.

- <u>Impact:</u> Imbalance between the MSR and WAM reports

  - MERHCF derived from M2 (source CHCS), must have correct data in source system

  -

Incorrect Workload

- PREVENTION STEPS:
  - Locate workload that is incorrect by clinic – provider – appointment type and correct in “PPRO” in CHCS
  - Locate workload templates that are incorrect and correct the templates in CHCS

Incorrect Workload

- CORRECTION STEPS:
- All incorrect workload will need to be corrected in End of Day (EOD)
  - The End of Day or Clinic Managers should correct workload discrepancies

- Any workload corrected after 45 days of the encounter DOWDR recoveries must be accomplished by month and MEPRS Man les

Financial Reconciliation

- **Question C.1.a (DQ Statement question 3a): Was the monthly MEPRS (EAS) financial reconciliation process completed, validated and approved by the MTF Resource Manager p MEPRS monthly transmission?**

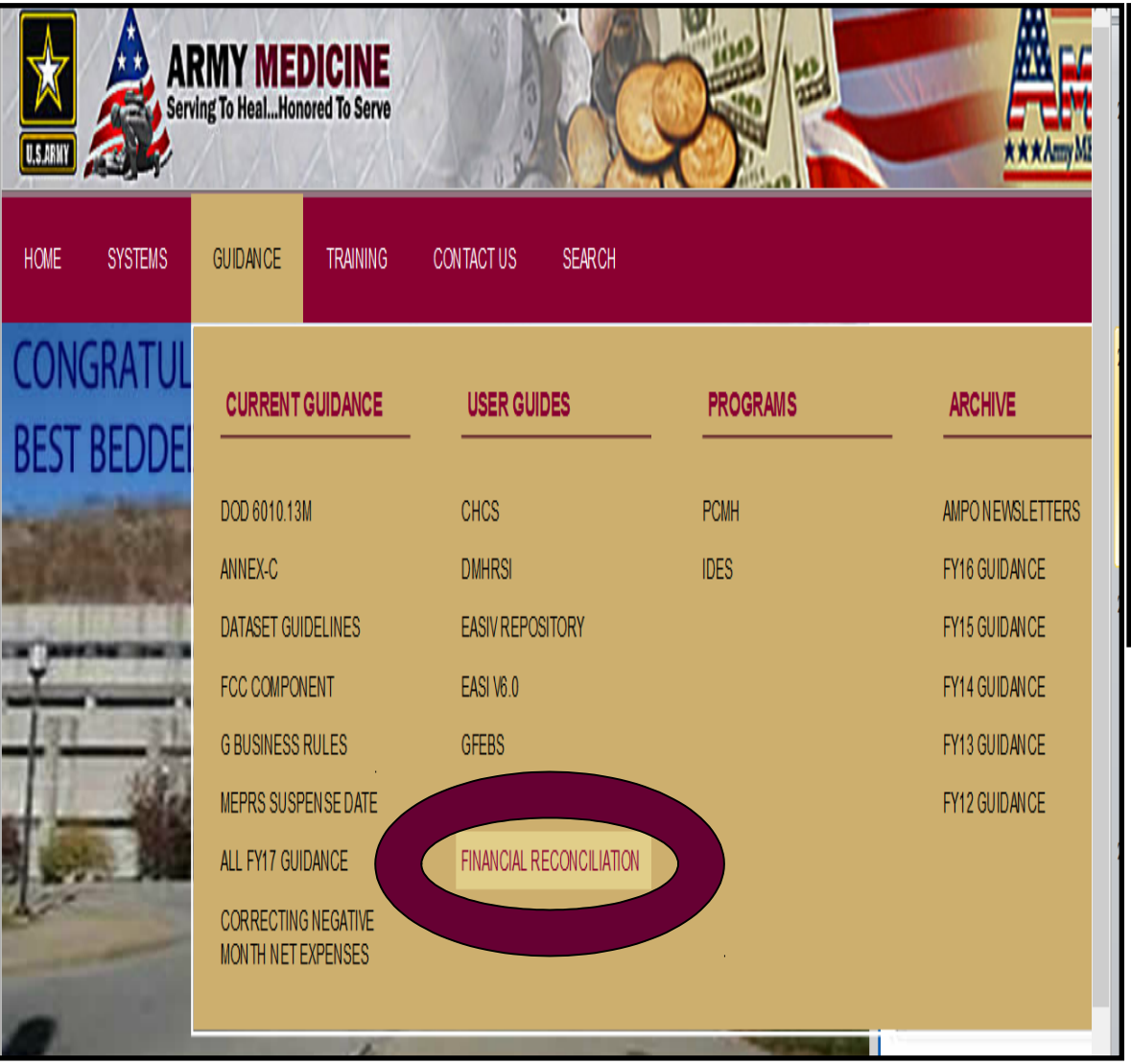
Yes/No

- EAS Transmission does not impact this question (exception if EAS is unavailable for an extended amount of time).

- A completed financial reconciliation must be submitted to AMPO prior to any transmission or retransmission of y fiscal month or fiscal year, or the MEPRS office t receive credit for the transmission of the month PRS.

Financial Reconciliation

https://ampo.amedd.army.mil



ARMY MEPRS PROGRAM OFFICE (AMPO)

HELPFUL HINTS

FOR MEPRS EASi

FINANCIAL RECONCILIATION

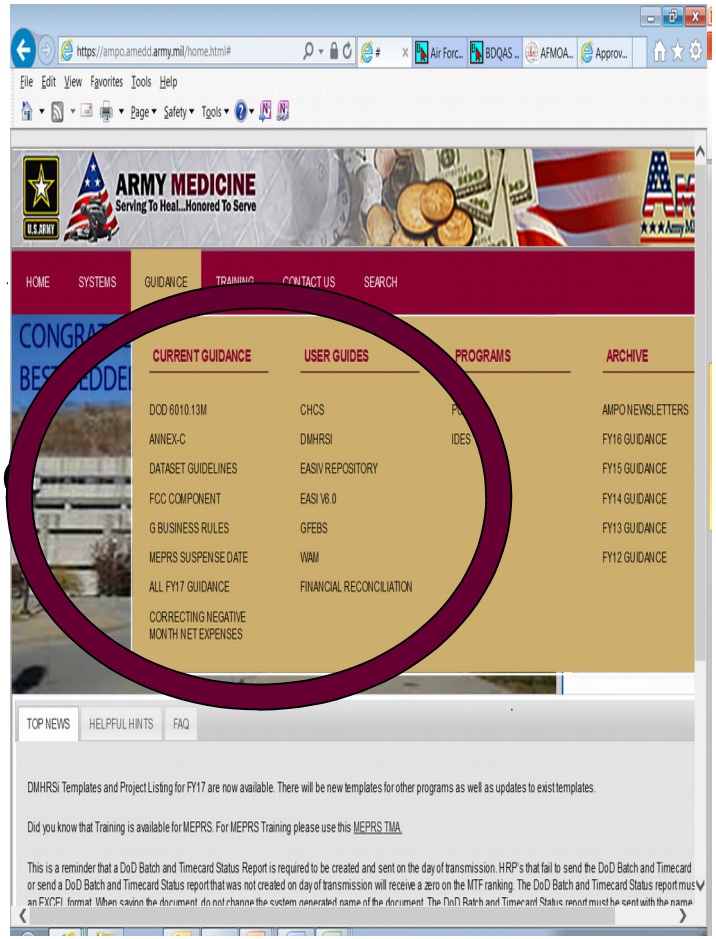
AMPO

★★★ Army MEPRS Program Office

Reconciliation

- Question C.1.b: Were monthly Inpatient and Outpatient MEPRS/EAS reconciliation processes completed?

- Negative Expenses
- Workload reconciliation
- End of Day
- Correcting errors and warnin
- Financial Reconciliation



https://ampo.amedd.army.mil

MEWACS

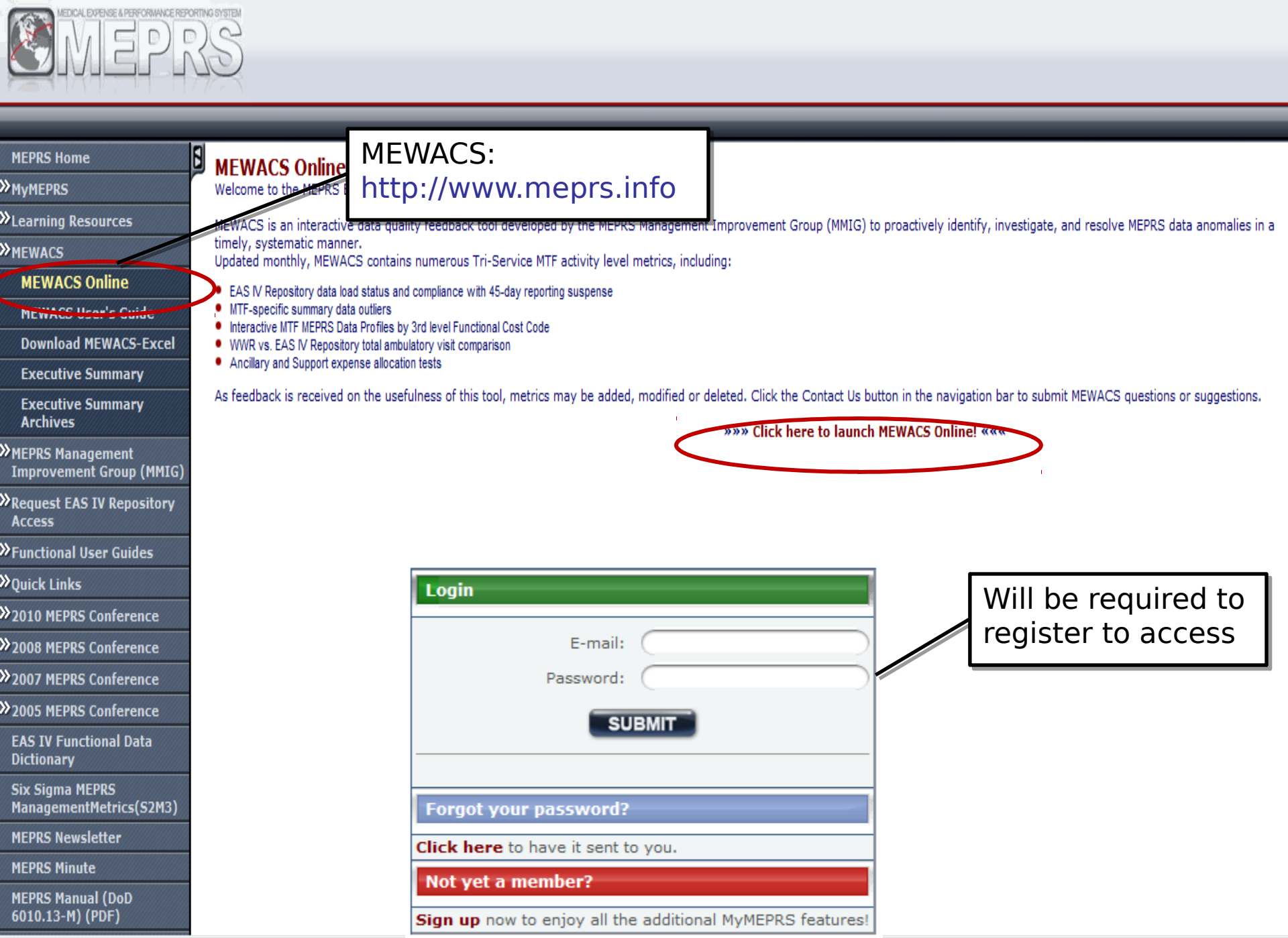
- **Question C.1.c (DQ Statement question 3b): Were the data load status, outlier/variance, and allocations tabs in the current MEWACS document reviewed and explanations provided for flagged data anomalies?**

Yes/No

- C.1.c.1 through C.1.c.3 must be answered
- If you reviewed tabs on MEWACS, C.1.c.1 - C.1.c.3, regardless of anomalies, **ANSWER YES**

☑ Yes
☐ No

☑ Yes
☐ No


MEDICAL EXPENSE & PERFORMANCE REPORTING SYSTEM
MEPRS
MEPRS Home
MyMEPRS
Learning Resources
MEWACS
MEWACS Online
MEWACS User's Guide
Download MEWACS-Excel
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2010 MEPRS Conference
2008 MEPRS Conference
2007 MEPRS Conference
2005 MEPRS Conference
EAS IV Functional Data Dictionary
Six Sigma MEPRS ManagementMetrics(S2M3)
MEPRS Newsletter
MEPRS Minute
MEPRS Manual (DoD 6010.13-M) (PDF)
MEWACS Online
Welcome to the MEPRS
MEWACS is an interactive data quality feedback tool developed by the MEPRS Management Improvement Group (MMIG) to proactively identify, investigate, and resolve MEPRS data anomalies in a timely, systematic manner.
Updated monthly, MEWACS contains numerous Tri-Service MTF activity level metrics, including:
EAS IV Repository data load status and compliance with 45-day reporting suspense
MTF-specific summary data outliers
Interactive MTF MEPRS Data Profiles by 3rd level Functional Cost Code
WWR vs. EAS IV Repository total ambulatory visit comparison
Ancillary and Support expense allocation tests
As feedback is received on the usefulness of this tool, metrics may be added, modified or deleted. Click the Contact Us button in the navigation bar to submit MEWACS questions or suggestions.
»»» Click here to launch MEWACS Online! «««
Login
E-mail:
Password:
SUBMIT
Forgot your password?
Click here to have it sent to you.
Not yet a member?
Sign up now to enjoy all the additional MyMEPRS features!

MEWACS:
http://www.meprs.info

Will be required to register to access

MEWACS
MEPRS Early Warning and Control System

Data extracted August 16, 2010

METRIC

Select a metric:

Select a metric:
Data Load Status
Summary Outliers
MTF Data Profiles
WWR/EAS IV Outliers
Allocation Test
Allocation Detail
Cost per Visit
Cost per Disposition
Personnel Profiles
Workload-Expense Check
MTF Names
FCC List

Welcome to MEWACS Online!

- Select a metric, enter your search parameters, and click Submit.
- To view another metric, select a different indicator from the menu. Complete any additional search fields that appear, and click Submit.

Select:
Data Load Status
Summary Outliers
Allocation Test

Timecards

- **Question C.1.e (DQ Statement question 3c): For DMHRSi, what is the percentage of submitted timecards by the suspense date?**

=100%

< 100%

Number of Timecards Submitted On-time
Total Number of Timecards for an MTF

Timecards

- **Question C.1.f (DQ Statement question 3d): For DMHRSi, what is the percentage of approved timecards by the suspense date?**

=100%	< 100%

Number of Timecards Approved On-time
Total Number of Timecards for an MTF

Timecards

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Timecards

- The Army competes for funding with other Services and received $684M in Medicare Eligible Retiree Health Care Fund (MERHCF) reimbursement (based on FY14 LOE)

- This funding is critical to keeping the MTF's "doors open"

- Compares workload in M2 to MEPRS expen
  - Deductions taken if they do not match

- 70% of MEPRS expenses is labor salary from DMHRSi
  - If timecards are missing or inaccurate, the MEPRS salary will be wrong and decrease

EAS Transmission

- **Question C.3.a (DQ Statement question 4a): MEPRS/EAS (45 days)**

Yes/No

- Request summary documentation of timely submission
  - Email is generated when MEPRS Transmission occurred

Workload

- **Question C.9.b (DQ Statement question 9b): Comparison of reported workload data.**
  - If EAS was not transmitted on-time, manually calculate numerator
  - If metric is non-compliant, there is typically a timing issue when MEPRS data was captured, recalculate MEPRS data for resolution

# of MEPRS dispositions from EAS (or WAM, if EAS is unavailable)
# of SIDR D and E status dispositions

≥ 97% but ≤ 103	≥ 90% but < 97% or ≥ 104%	< 90%

Workload

- **Question C.9.c (DQ Statement question 9c): Comparison of reported workload data.**
  - If EAS was not transmitted on-time, manually calculate numerator
  - If metric is non-compliant, there is typically a timing issue when MEPRS data was captured, recalculate MEPRS data for resolution

Number of MEPRS visits
Number of Kept Appts (count only)

≥ 97% but ≤ 103

≥ 90% but < 97% or ≥ 104%

< 90%

Workload

- **Question C.9.d (DQ Statement question 9d): Comparison of reported workload data**
  - If EAS was not transmitted on-time, manually calculate denominator

#of Inpat Rounds CAPER (A CAPERs) completed attending provider /service)

#of Total Bed days + Dispositions from EAS (or WAM, if EAS is unavailable)

≥ 97% but ≤ 103	≥ 90% but < 97% or ≥ 104%	< 90%

DQ Monthly Reports

- Compliance Report: Includes PASBA populated questions of DQMCP Commander's Statement
- Actionable resource to correct MTF data
  - Listing of non-compliant End of Day encounters (pending)
  - Identifies non-compliant SIDR transmissions (bimonthly requirement)
  - Identifies missing CAPER and DOWDR transmission (daily requirement)
  - List of "open encounters" (DOWDR only)
  - List of data anomalies (CAPER only)
  - List of complete and incomplete (un-coded) SIDRs
  - Number of EAS Dispositions, Visits, to include by MEPR (workload comparison between systems)
  - Inpatient Rounds Analysis
  - List of "open encounters" (outpatient and inpatient) for 2 FYs through the Data Month

Take Aways

- Data Quality is much more than the DQ Statement
- Data must be Accurate, Timely, and Complete
- Front-end processes are CRITICAL to back-end success

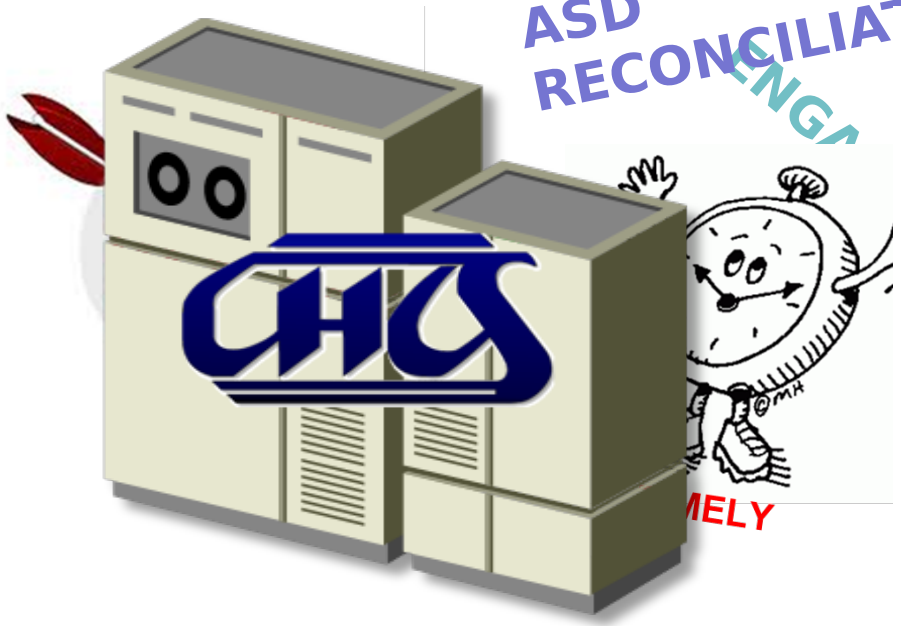
END OF DAY

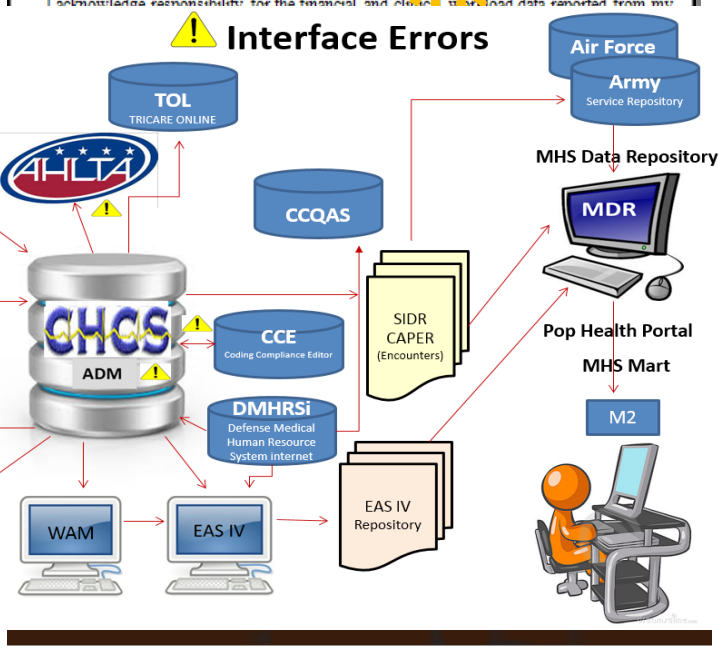
APPT STANDARDIZATION

ASD RECONCILIATION

CODING

DMHRS





E2. ENCLOSURE 2

FY 2012 DATA QUALITY STATEMENT

DATE: _____
MTF: _____
MTF POC: _____

MEMORANDUM FOR DEFENSE HEALTH PROGRAM RESOURCE MANAGEMENT STEERING COMMITTEE

THROUGH: (1) SERVICE DATA QUALITY MANAGER
(2) TMA DATA QUALITY MANAGEMENT CONTROL PROGRAM MANAGER

SUBJECT: Data Quality Statement

I acknowledge responsibility for the financial and clinical workload data reported from my

AND MUCH, MUCH MORE!

Summary

- Mission
- Data Quality Basics
- FY16 Data Summary
- MEPRS Data Quality Questions
- Incomplete Rounds
- Data Quality Tool Kit

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Points of Contact

PASBA DATA QUALITY TEAM

Jennifer Gifford
Acting Chief, Data Quality
:: jennifer.e.gifford4.civ@mail.mil
(: (210) 295-8725

Jesse Hernandez
Data Quality Manager
:: jesse.r.hernandez4.civ@mail.mil
(: (210) 295-8943

Christopher Rogers, PhD
Statistician
:: christopher.rogers48.civ@mail.mil

Celeste Burton
Data Quality Manager
:: celeste.r.burton.civ@mail.mil
(: (210) 295-8936

Christina Gerard
DMIS ID Manager
:: christina.z.gerard.civ@mail.mil
(: (210) 295-9113

Questions